



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

NEW BRAUNFELS EMERGENCY PHYSICIANS
PO BOX 2283
MANSFIELD TX 76063

Respondent Name

Texas Mutual Insurance Co

Carrier's Austin Representative Box

Box Number 54

MFDR Date Received

July 7, 2011

MFDR Tracking Number

M4-11-3935-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The ER chart documentation supports all codes billed and our physicians deserve to be paid for the services they provide.

Amount in Dispute: \$ 748.40

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor's request is outside the one year time frame and outside DWC MDR's jurisdiction.

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 16, 2010 May 31, 2010 July 6, 2010 February 27, 2011	Professional Services	\$748.40	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
- 28 Texas Administrative Code §133.2 defines an emergency.
- The services in dispute were reduced/denied by the respondent with the following reason codes:

Date of service February 16, 2010

- 225 – THE SUBMITTED DOCUMENTATION DOES NOT SUPPORT THE SERVICE BEING BILLED WE WILL RE-EVALUATE THIS UPON RECEIPT OF CLARIFYING INFORMATION.
- 899 – DOCUMENTATION AND FILE REVIEW DOES NOT SUPPORT AN EMERGENCY IN ACCORDANCE WITH RULE 133.2

DATE OF SERVICE May 31, 2010

- 899 – DOCUMENTATION AND FILE REVIEW DOES NOT SUPPORT AN EMERGENCY IN ACCORDANCE WITH RULE 133.2
- CAC – 193 ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

DATE OF SERVICE July 6, 2010

- 242 – NOT TREATING DOCTOR APPROVED TREATMENT

DATE OF SERVICE February 27, 2011

- 225– THE SUBMITTED DOCUMENTATION DOES NOT SUPPORT THE SERVICE BEING BILLED WE WILL RE-EVALUATE THIS UPON RECEIPT OF CLARIFYING INFORMATION.
- 899 – DOCUMENTATION AND FILE REVIEW DOES NOT SUPPORT AN EMERGENCY IN ACCORDANCE WITH RULE 133.2
- CAC – 193 ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

Issue

1. Did the requestor waive the right to medical fee dispute resolution?
2. Does the documentation support definition of emergency service?

Findings

1. The insurance carrier denied date of service February 27, 2011 with reason code, 899 – “DOCUMENTATION AND FILE REVIEW DOES NOT SUPPORT AN EMERGENCY IN ACCORDANCE WITH RULE 133.2.” 28 Texas Administrative Code §134.2(4)(A) states that, “a medical emergency is the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including sever pain, that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the patient’s health or bodily function in serious jeopardy, or (ii) serious dysfunction of any body organ or part.” The submitted documentation does not meet the definition of an emergency pursuant to §133.2(4)(A). For example:
 - a. Complete ED record shows: Priority/Severity: 4/9
 - b. ED Assessment (s) shows: ED Priority Level ESI-4 Semi-Urgent

The Division concludes the denial code is supported.

2. 28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The dates of the services in dispute are February 16, 2010, May 31, 2010, and July 6, 2010. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on July 7, 2011. This date is later than one year after the dates of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307, subparagraph (B). The Division concludes that the requestor has failed to timely file this dispute with the Division’s MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division finds that for date of service February 27, 2011 the submitted medical documentation does not meet definition of an emergency therefore, the definition of a medical emergency is not met. No additional payment can be recommended.

For all other dates of service, the requestor has waived the right to medical fee dispute resolution for the services in dispute. For that reason, the merits of the issues raised by both parties to this dispute have not been addressed.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 5, 2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.